

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007437

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

173

Primary Registration District No.

3034

Registrar's No.

12

VS 300  
Rev. 4/59

10541

205412

3

4 1

5 0

6

7 0

8 0

9491X

10

11

1290-0

13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. **FILLED MAR 5 1963**

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Higginsville

Length of stay in 1b

Life

c. FULL NAME OF HOSPITAL OR INSTITUTION

Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

c. CITY OR TOWN

Higginsville

d. STREET ADDRESS

1405 Main

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Flora

Middle

Sophia

Last

Cook

4. DATE OF DEATH

Month

Feb.

Day

23

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-26-1875

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Concordia, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frederick Cook

13b. MOTHER'S MAIDEN NAME

Christine Frenking

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT

Max Mollenkamp

Richmond, Mo.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bacterial pneumonia

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

A.S.H.D. Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour . Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 31, 1959 to Feb 23, 1963 and last saw him alive on Feb 22, 1963

Death occurred at 8 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

William E. Fulkerson M.D.

(Degree or title)

22b. ADDRESS

Higginsville Mo.

22c. DATE SIGNED

3-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-25-1963

23c. NAME OF CEMETERY OR CREMATORY

Evangelical

23d. LOCATION (City, town, or county)

Higginsville Mo

(State)

24. FUNERAL DIRECTOR

Forrest A. Hoefer

ADDRESS

Higginsville, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 4-63

26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer.

Signed Forrest R. Hoefel

Licensed Embalmer No. 4801

P.O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.